This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	John E. Kast et al.
Docket No.:	151P08970US02
Filed:	Herewith
Title:	IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL RECHARGING COIL

Cover Letter for Declaration

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear Sir:

The enclosed copy of the declaration was executed for the previously filed Application No. 09/596,566, but is being submitted as a copy for the continuation application filed herewith.

In addition, the specification and drawings submitted for the continuation application do not contain any subject matter that would have been new matter in the previous application.

Respectfully submitted,

JOHN E. KAST ET AL.

Date: Faltury 5, 2004

William D. Bauer

Reg. No. 28,052 IPLM Group, P.A.

P.O. Box 18455

Minneapolis, MN 55418 Telephone: (612) 331-7405

WDB:nr

ATTORNEY DOCKET: P- 8970.00

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if phnal inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPLANTABLE MEDICAL

DEVICE WITH EXTERNAL RECHARGING COIL The specification of which ___is attached hereto was filed on <u>JUNE 19, 2000</u> as application serial no. _ _ and was amended on _ (if applicable) (in the case of a PCT-filed application) described and claimed in international no. ____ filed ____ and as amended on ____ (if eny), which I have reviewed and for which I solicit a United States patent. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119/365 of any foreign application(s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed: a. X no such applications have been filed. b. _ such applications have been filed as follows: FOREIGN APPLICATION(S), IF ANY, CLAIMING PRIORITY UNDER 35 USC \$119 COUNTRY APPLICATION NUMBER DATE OF FILING DATE OF ISSUE ALL FOREIGN APPLICATIONS, IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)

COUNTRY APPLICATION NUMBER DATE OF FILING DATE OF ISSUE

I hereby claim the benefit under Title 35, United States Code, §1120/365 of any United States and PCT international application(s) listed below and, insofar as the subject

matter of each of the claims of this application is not disclosed in the prior United States and PCT international application(s) listed below and, insofar as the subject Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of this application.

^{1 § 1.56} Duty of disclosure; fraud, striking or rejection of applications.

⁽a) A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material where there is substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.

U.S. APPLICATION NUMBER	DATE OF TURE	
	The state of the s	STATUS (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Harold R. Patton Reg. No. 22,157 Beth L. McMahon Michael J. Jaro Reg. No. 41,987 Thomas G. Borry Reg. No. 34,472 Daniel W. Latham Reg. No. 31,736 Reg. No. 30,401 Curtis D. Kinghorn Girma Wolde-Michael Reg. No. 33,926 Reg. No. 36,724 Thomas F. Woods Reg. No. 36,726 Kenneth J. Collier Eric R. Waldkoetter Reg. No. 34,982 Reg. No. 36,713

Please direct all correspondence in this case to: Medtronic, Inc.
7000 Central Avenue N.E,
Minneapolis, Minnesotz 55432
Telephone No. (763) 514-3201

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by validity of the application or any patent issued thereon.

2 0 1	Full Name of Inventor	FIRST NAME John	MIDDLE INITIAL E.	LAST NAME Kast
	Residence & Citizenship	CITY Hugo	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP
	Post Office Address	POST OFFICE ADDRESS 10815 140th Street North	CITY Hugo	STATE/ZIP/COUNTRY Minnesota 55038 US
SIGNA	TURE OF INVENT	OR 201	100	DATE 02+ 6, 2000
2 0 2	Full Name of Inventor	FIRST NAME Oscar	MIDLE INITIAL	LAST NAME Jimenez
	Residence & Citizenship	CITY Coral Gables	STATE OR FOREIGN COUNTRY Florida	CITIZENSHIP
	Post Office Address	POST OFFICE ADDRESS 1231 Medina Avenue	CITY Coral Gables	STATE/ZIP/COUNTRY Florida 33134 US
SIGNA	TURE OF INVENTO	OR 202		DATE
2 0 3	Full Name of Inventor	FIRST NAME Charles	MIDDLE INITIAL E.	LAST NAME Peters
	Residence & Citizership	CITY Blaine	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 11940 Terrace Road NE	CITY Blaine	STATE/ZIP/COUNTRY Minnesota 55434 US
SIGNAT	Charle Charle	OR 203 E Petros	•	DATE 10-4-00

U.S. APPLICATION NUMBER	DATE OF STATE	
	DIVID OF FIELD	STATUS (patented, pending, abandoned)
į .		

I hereby appoint the following attorney(s) and/or agent(s) to procecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Harold R. Pstton
Michael J. Jaro
Curtis D. Kinghorn
Kenneth J. Collier
Reg. No. 22,157
Reg. No. 34,472
Reg. No. 33,926
Reg. No. 34,982

Bath L. McMahon Baniel W. Latham B. Thomas F. Woods F.

Reg. No. 41,987 Reg. No. 30,401 Reg. No. 36,726 Thomas G. Berry Reg. Ginna Wolde-Michael Reg. Eric R. Waldkootter Reg.

Reg. No. 31,736 Reg. No. 36,724 Reg. No. 36,713

Please direct all correspondence in this case to:

Medtronic, Inc.

7000 Central Avenue N.E, Minneapolis, Minnesota 55432 Telephone No. (763) 514-3201

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by ralidity of the application or any patent issued thereon.

2 0 1	Full Name of Inventor	FIRST NAME John	MIDDLE INTTIAL . E.	LAST NAME Kast
	Residence & Citizenship	CITY Hugo	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 10815 140 th Street North	CITY Hugo	STATE/ZIP/COUNTRY Minnesota 55038 US
SIGNA	ture of invent	OR 201		DATE
2 0 2	Full Name of Inventor	FIRST NAME Oscar	MIDLE INITIAL	LAST NAME Jimenez
	Residence & Citizenship	CITY Coral Gables	STATE OR FOREIGN COUNTRY Florida	CITIZENSHIP
	Post Office Address	POST OFFICE ADDRESS 1231 Medina Avenue	CITY Coral Gables	STATE/ZIP/COUNTRY Florida 33134 US
IONAT	URE OF INVENT	OR 202		DATE
2 0 3	Full Name of Inventor	FIRST NAME Charles	MIDDLE INITIAL E.	LAST NAME Peters
	Residence & Citizenship	CITY Blaine	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP
	Post Office Address	POST OFFICE ADDRESS 11940 Terrace Road NE	CITY Blaine	STATE/ZIP/COUNTRY Minnesota 55434 US
IGNAT	URE OF INVENTO	DR 203		DATE

2 0 4	Full Name of Inventor	FIRST NAME James	MIDDLE INITIAL E.	LAST NAME Rickels
	Residence & Citizenship	CITY New Hope	STATE OR FOREIGN COUNTRY	CITIZENSHIP
(GNA)	Post Office Address	POST OFFICE ADDRESS 8615 Hopewood Lane North	CITY New Hope	STATE/ZIP/COUNTRY Minnesous 55427 US
		Milled		DATE 66 Oct 2000
0 5	Inventor	FIRST NAME Mark	MIDLE INITIAL E.	LAST NAME Schommer
	Residence & Citizenship	CITY Maple Grove	STATE OR FOREIGN COUNTRY	CITIZENSHIP US
GNAT	Post Office Address URE OF INVEN	POST OFFICE ADDRESS 9135 Kingsview Lane North	CITY Maple Grove	STATE/ZIP/COUNTRY Minnesota 55369 US
ONAI	OKE OF INVEN	1OK 205		DATE

_ Additional pages for fourth and subsequent inventors attached.

X This Declaration ends with this page,

1,	V. / T J T		ł.	U
· No.	5068	P.	4	/4

2 0 4	Full Name of Inventor	FIRST NAME James	MIDDLE INITIAL E.	LAST NAME Rickels
	Residence & Citizenship	CITY New Hope	STATE OR FOREIGN COUNTRY	CITIZENSHIP
	Post Office Address	POST OFFICE ADDRESS 8615 Hopewood Lane North	CITY New Hope	STATE/ZIP/COUNTRY Minneson 55427 US
IGNA	ATURE OF INVE	NTOR 204		DATE
2 0 5	Full Name of Inventor	FIRST NAME Mark	MIDLE INITIAL E	LAST NAME Schommer
•	Residence & Citizenship	CITY Maple Grove	STATE OR FOREIGN COUNTRY	CITIZENSHIP US
ICNA	Post Office Address	POST OFFICE ADDRESS 9135 Ringsview Lane North	CTTY Maple Grove	STATE/ZIP/COUNTRY Minnesona 55369 US
1/1	dure of the land	101205 Orlin		DATE 10 (6 / 2000

_ Additional pages for fourth and subsequent inventors attached.

jed. p. 2004 Det. 6. 2000

 $[\]underline{X}$ This Declaration ends with this page.